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MEDICAL REMINISCENCES.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

LOOKING over some memoranda of bills of mortality of several cities and towns, I find the following facts recorded.

In the village of Wethersfield, containing, as before stated, 2000 inhabitants, the deaths in 1826 were 26; 1 of 76 $\frac{1}{2}$ of the population. From 1775 to 1815, the deaths averaged 33 annually; from 1815 to 1826, they averaged 29 annually; from 1826 to 1840, 31 $\frac{1}{2}$ annually. In 64 years there have been 2015 deaths, or 1 of about 64 of the population annually. It would seem, from these facts, that it has taken about 64 years to remove by death, in that village, a number equal to the average population.

In the year 1826 the number of deaths in the city of Hartford was 167; the population about 8350—which is 1 of 50 of the inhabitants. In 1822, the mortality of that city was 125; population probably about 7000—which would be 1 of 56 of the inhabitants. In New Haven, Ct., the number of deaths, in 1822, was 144; population about 8300—which is 1 of 58 of the inhabitants. In Middletown, Ct., the number of deaths, in 1826, was 95; the population about 6500—which will be 1 of 68 of the inhabitants.

In the city of New York, the number of deaths in *ten years*, ending with the year 1826, was 33,808. Supposing the population, during that period, to average 150,000 (in 1830 it was upwards of 203,000), it would be about 1 of 47 of the inhabitants annually.

In Portsmouth, N. H., the deaths were, in 1818, 125; in 1819, 115. The population, in 1820, was about 8000—which will be 1 of 68, and some more.

The deaths in Boston, during the four years preceding 1820, were as follows: In 1816, 904; 1817, 907; 1818, 971; 1819, 1070. The population would probably average, during that time, about 42,000—which would make 1 of 42 or 3 of the inhabitants. In 1839 the deaths in Boston were 1863—which is about 1 of 43 or 4 of the population.

In Worcester, in 1830, there were 68 deaths; population about 4200; 1 of 61 of the inhabitants. In 1831, deaths 70; 1 of 61 of the population. In 1832, deaths 71; 1 of 65 of the inhabitants. In 1833, 68 deaths; the population about 4750—1 of 70 of the inhabitants. In 1834, deaths 87; population about 6500—something less than 1 of

74 of the inhabitants. In 1835, deaths 105 ; population 6624—which is 1 of 63 of the inhabitants. In 1791, deaths 22 ; population, in 1790, 2095—1 of 95 of the inhabitants. In 1797, deaths 28 ; population, in 1800, 2411—1 of 86 of the inhabitants. In 1811, deaths 32 ; population 2577 (1810)—which is 1 of 80 of the inhabitants. In 1820, deaths 39 ; population 2962—which is 1 of 76 of the inhabitants. From 1836 to 1840, four years, the deaths amounted to 532—an average of 133 annually. The population is about 7600, which is about 1 of 60 of the inhabitants.

The following facts, from a French Journal, were noted in 1826.

Mons. Chateauneaf, after investigating the subject of mortality with much care, comes to the following conclusions with respect to Europe in general.

Fifty years ago, *one half* the children born, died the first 10 years ; now 38 only die the first 10 years. Fifty years ago, 74 in 100 died before 50 years of age ; now only 66 of 100 die before that age. Fifty years ago, only 18 of 100 arrived at the age of 60 ; now 23 in 100 arrive at that age. Fifty years ago, there was 1 death annually in 32 individuals ; now there is 1 death annually in 40.

The following statement was more recently made to the French Institute, in a memoir read by M. Fourier, relating to France, which goes to corroborate the statement of Mons. Chateauneaf.

In 1775, of every 100 children born, 50 died before 2 years of age. In 1825, of every 100 children born, 38 3-10 only died before 2 years. He attributes the change to vaccination and the extirpation of the small-pox. In 1775, of every 100 male children born, 55 5-10 died before 10 years of age. In 1825, of every 100 male children born, 47 7-10 only died before 10 years of age. In 1775, of every 100 male children born, 21 5-10 only arrived at the age of 50 years. In 1825, of every 100 male children born, 32 5-10 arrived at the age of 50 years. In 1775, the mortality of France was 1 of 30 annually. In 1825, the mortality of France was 1 of 39 annually.

In 1780, the population of France was 24,800,000. Deaths, 818,490. births, 963,200 ; marriages, 213,770. In 1826, the population of France was 30,400,000 ; deaths, 761,230 ; births, 957,970 ; marriages, 222,570. Deaths from birth to 10 years of age, 1780, 55 5-10 per cent. ; in 1826, 43 7-10 per cent. Deaths from birth to 50 years of age, 1780, 78 per cent. ; in 1826, 67 5-10 per cent. Deaths from birth to 60 years of age, 1780, 85 per cent. ; in 1826, 76 per cent.

I give these facts from the Journal, without comments, or even vouching for the correctness of the arithmetic.

In England, it is said that the proportion of deaths of consumption to the whole mortality, is about 20 per cent. In New York, for the 10 years ending with the year 1826, there were 6646 deaths of consumption, of 33,808 deaths, which is about 20 per cent. also.

In the place of my nativity, on the bleak, moist hills of Litchfield County, Conn., from the year 1780 to the year 1813, about half of the deaths that occurred were of pulmonary consumption ; while in the circuit of my former practice, on the banks of the Connecticut river, a

country subject to autumnal fevers at present, and formerly to intermittent fever, not more than 1 of 10 of the deaths were from this disease. In the Second Society of Wethersfield, the proportion of deaths of pulmonary consumption, in 22 years, was 30 of 202; 1 of 6 $\frac{3}{4}$ of the whole. This village lies four miles from the river, is on dry, elevated ground, very healthy, equally removed from the bleak, high hills, where consumption is so rife, and the low lands on the banks of the river, the fruitful source of malaria. For 80 years, as before stated, the deaths averaged only 1 of 76 $\frac{3}{4}$ of the inhabitants annually.

In the section of country where pulmonary consumption is so prevalent, it is exceedingly common for hemoptysis, pneumonia, &c., to terminate in that disease; but in the field of my former practice, a large proportion of cases of hemorrhagy from the lungs recovered, and pneumonia never terminated in abscess of the lungs in a single case of an adult, that I now recollect.

S. B. W.

Worcester, Feb. 10, 1840.

OSTEO-SARCOMA.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I embrace the earliest opportunity which presents to comply with your request that I would give you some account of the case of osteo-sarcoma of the jaw, which occurred at Deerfield in the summer of 1825. I do this with the more pleasure, as it has never been presented to the public but through the medium of newspapers; and at the time, the propriety or impropriety of removing the jaw created a great deal of angry contention and debate. I have no desire to recall the angry feelings which were elicited on that occasion, and I trust there will be nothing in this communication to awaken them. As there is much diversity of opinion on the subject of the treatment of this complaint, I agree with you that this case may throw some light upon it.

The patient was a robust, laboring man, aged forty years. At the time of the commencement of the complaint it was a small, immovable, bony kind of tumor on the lower jaw, about equi-distant from the chin and angle of the jaw. When I first saw it, which was about a fortnight from its commencement, it was about the size of a hen's egg, originating at the fangs of the middle molar tooth on the right side. The gum was swollen both on the outside and inside. It was slightly sore and painful to the touch. At this time I was rather of the opinion that it would terminate in an abscess of the gums, and I advised him to do but little for it, and to be very careful not to irritate it. I did not see the patient again under a week, when I found the tumor much enlarged, and two of the teeth were raised in their sockets, one of them considerably. It was softer round the teeth than it was when I saw it last. I made an incision round them with a thumb-lancet, but only a small quantity of blood followed. I advised him to take physic, keep himself cool, and live light. I did not see him again till about a week after. My father saw him

the day before, and extracted the middle tooth in the tumor, the one which was the most elevated, from the increase of the tumefaction. The tumor, when I last saw it, was found to be much enlarged, both upon the outside and inside of the jaw. The gum upon the outside of the jaw was raised nearly an inch and a half above the teeth, and he was unable to close his jaws. It was excoriated upon the surface, and was discharging ichorous, fetid matter, which was so offensive as to take away his appetite. He had lancinating and deep-seated pain in it. At this time I considered the tumor so malignant that I thought it advisable to send for counsel to confer upon the propriety of removing it. Several respectable physicians who saw it, likewise advised this measure. I then stated to the patient my opinion of his danger, and that I had reason to fear that unless the operation of removing the tumor with a part of the jaw, and perhaps tying the carotid artery, was resorted to, he must soon inevitably die. The danger of the operation was likewise represented to him—that it might not be successful, and that he might die in consequence of it. The patient consented to the counsel, and to be governed by their opinion. A large and respectable counsel convened at his house on the 16th of June, 1825, and it was decided that it was necessary to perform the operation. Dr. Batchelder, then of the Berkshire Medical Institution, was the operator. He first tied the carotid artery, according to the precedent of Dr. Mott, late of New York, now of Paris, in four similar cases. He removed more than two inches of the jaw with the tumor.

A dissection of the tumor, after its removal, proved that it had become osteo-sarcomatous; the bone itself was enlarged and softened, from the centre of the jaw where the disease commenced. The scalpel was easily thrust into the softened bone. The flesh itself, just within the surface of the tumor, was cartilaginous. The tumor, after its removal, measured seven inches in circumference in one direction, and six in the other. The extensive incisions in the neck and cheek healed by the first intention in about seven days. He eat several pieces of stewed chicken on the 11th and 12th days after the operation. He shaved himself on the 13th day, and at that time the jaw was filling with apparently healthy granulations. He shortly after apparently recovered, but in the course of a few months another tumor occurred in the same place with the first, completely filling up the space occasioned by its vacancy, and extending to a considerable portion of the right side of the face. The growth of this tumor within a few weeks was very alarming, attended with deep-seated pain, very similar to the tooth-ache. He now again applied to Dr. Batchelder, who, on the 19th of Nov., 1825, removed one half of the jaw from the symphysis of the jaw at the chin, to the zygomatic arch at the temple. Nine days after the operation, the wound had almost healed by the first intention. It was hoped and believed that this operation would effectually cure him; but the following obituary notice of him will show that these hopes were not realized.

“Died, in this town, on the 7th inst. (Feb., 1832), Mr. S. H., aged 47 years, of a disease familiarly known to physicians and surgeons by the name of *osteosarcoma*, or a morbid degeneration of a fleshy tumor

into a bony substance. Few men have suffered more from disease and its consequences than Mr. H. In the spring of 1825 a small tumor was discovered on his lower jaw, which soon became malignant, and spread with so much rapidity that it was deemed advisable by a counsel of the faculty to remove a portion of the jaw which was involved in the tumor. As a precautionary measure, the carotid artery was first tied, and about two inches of the jaw was removed with the tumor about the middle of June. In a few weeks the same disease manifested itself, and on the 19th of Nov. following, one half the jaw, from the chin to the articulation near the temple, was removed by Dr. Batchelder. From this operation he speedily recovered, and enjoyed a comfortable state of health till the fall of 1831, and was able to perform ordinary labor. A few months before, he discovered a swelling on the side of his face which had been operated upon, which gradually increased for several months, but did not necessitate him to abandon labor till the month of December. From the first of January to the time of his decease, the tumor increased with great rapidity, and during that time his paroxysms of distress were excruciating. The tumor extended nearly to the top of the head, involving the whole of the right temple, the right cheek, and the whole of the sterno-cleidal, or great muscle of the neck, extending to the collar bone. Upon examining the tumor after death, it was found to be almost of a stony hardness, and cartilaginous and bony in its structure. Small spiculæ of bone were found penetrating it in all directions. It is confidently believed that the operation which was performed upon him in Nov., 1825, prolonged his life at least five years."

Deerfield, Jan. 16th, 1840.

STEPHEN W. WILLIAMS.

Thermometer, this morning, 25 degrees below zero.

S. W. W.

MEDICAL STATISTICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Had the annexed record of mortality, in the town where I have been in the practice of medicine since the spring of 1827, been kept with a view to publicity, more accuracy would have been had as to ages and ailments. The number of deaths, however, that occurred in each year, I know to be correct; they having been recorded by myself—and the number of those whose age exceeded 60 years, is nearly so. Should this communication, in any degree, subserve your design in collecting "medical statistics" for publication, let it occupy a page in your valuable Journal. But should you deem its more appropriate place to be "on the table," I shall cherish no "morbid" sensitiveness on the subject, or peevish desire to have it "called up."

Townsend, Mass., is a town six miles square, lying on both sides of a branch of the Nashua river, about 40 miles northwest from Boston. It was admitted to corporate capacities in the year 1732. The town contains some excellent land, though the soil in general is not what may be termed fertile. On each side of the stream—which cuts the town nearly in the centre, from northwest to southeast—there is a tract of

low and almost level land, from one half to near a mile and a half in width, on each side of which the land rises into gently undulating swells. From some geological appearances in the neighborhood, this low plain is supposed, at some ancient period, to have formed the bed of an extensive lake. The soil is a diluvium; of course the formation is from gneiss. The original growth of the plain was pine and chesnut; of the hills, oak and chesnut. The bed of the stream, through the whole extent of the town, affords very little fall, and its banks are skirted with many acres of low and marshy ground, which from being covered in the early part of the season with stagnant water, proves, in the latter part of summer and the autumnal months, a prolific source of pestilential miasm.

The prevalent diseases of the place are such as, *a priori*, would be anticipated from such a location—bilious remittent, typhus, scarlatina and bowel complaints during the autumnal months, and lung complaints in the spring. More or less of typhus prevails during the autumn of each year; and in the years 1829 and 39 it prevailed epidemically—from 100 to 200 cases occurring each year. Since the year 1827 scarlatina has once prevailed epidemically, and dysentery twice, with the severity of strongly marked malignancy. Townsend is proverbially a "sickly place," and the fact that four active physicians, among a population of some 1700 or 1800 inhabitants, find employment sufficient to afford them *some* "daily bread," would seem to be a verification of the proverb.

The inhabitants live by "the sweat of the brow," being emphatically of that class termed "working men," following that most honorable of occupations, originally assigned to our great progenitor, viz., "tilling the ground"—and living upon the fruits thereof, together with the flesh of their herds and flocks, and drinking the juice of their own orchards.

The following is the table of mortality in this town for twelve years, inclusive, from January 1st, 1828, to January 1st, 1840.

Year.	No. of Deaths.	Over 60 years.	Accidental Deaths.
1828	18	5	Drowned, 3
1829	23	4	
1830	16	5	Killed, 1
1831	12	2	
1832	34	12	
1833	36	7	
1834	31	6	
1835	28	5	Frozen, 1
1836	20	6	Burned, 3
1837	30	5	Suicide, 2
1838	31	6	Killed, 1
1839	28	3	
Total,	307	66	11

Giving a yearly average of 25.58; and assuming 1700 as the medium of the population during those years, which probably is not far from the truth, we have a per centage of 1.5 in the hundred, without deducting the number from accidental death, which would reduce the mor-

tality from actual disease still lower. A large proportion of those whose age exceeded 60, were above 70 ; several above 80, and a few above 90 years. Among the different classes included in the above table, the largest number of victims is found in that of children under three years, and the most of them, perhaps, under one—which probably may be accounted for, from the frequent prevalence of dysentery and other bowel complaints.

Whether the average mortality in our adjacent country towns would exceed or fall below that in this town, I am unable to say ; probably the latter, however, for, as I said before, Townsend is considered an unhealthy place. I believe it would be well for our country physicians (a majority of whom, it is hoped, are constant readers of your Journal) annually to furnish you with statistics similar to the above. The cause of science would be advanced by a little attention of this kind, and the medical public and our modern dietetic reformers put in possession of data, from which more accurate calculations and inferences might be drawn respecting the average mortality among our flesh-eating population, when it is found necessary to call the aid of these data to support novel theories. The present agitated state of the public mind on the subject of "what we shall eat and what we shall drink," demands *facts*, rather than presumption, reason rather than theories. And it is humbly trusted that the experience of our predecessors and fathers will not be lost upon *their* successors, as the experience of parents is too often lost upon their children. History is said to be philosophy teaching by example. We hope this moral and sublime teacher will not in vain lavish her lessons on our medical public, or the people, who entrust to us the care of their health and lives.

JOHN BERTRAM.

Townsend, Feb. 13, 1840.

QUOTATIONS AND REMARKS ON THE BLOOD.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE changes which are produced in the blood, and the resulting diseases, which are the consequence of the abstraction of large quantities of blood, are far from being generally understood, though many medical works furnish a key to the matter.

The following remarks of Eberle are too much in point to be passed over. "Sub-inflammation may exist in one structure or organ, whilst the general system exhibits all the characteristic traits of debility and cachexy. The post-mortem phenomena which occur in human subjects and in animals that have died from hemorrhage, would seem to show, indeed, that even in dropsies from hemorrhages, there exists a morbid state allied to inflammation, in the membranous structures from which the effusion occurs. The experiments of Mr. Seeds, of Kelly, show that in animals bled to death, the meninges of the brain and other membranous tissues almost invariably exhibit a highly injected and congested state."

"I attended a gentleman, a few years ago, who was reduced to the

utmost degree of exhaustion compatible with life, in consequence of a long-continued and almost uninterrupted flow of blood from the rectum, and who finally became anasarcaous over the whole body, while at the same time his eyes were very considerably and obstinately inflamed."

The experiments of Magendie throw much light on purulent ophthalmia. He presented a dog that had been fed on beef fat, as a proof of the influence of regimen on the production of ophthalmia. The animal's eyes were red and coated with puriform matter. Three or four bad cases of purulent ophthalmia have recently come under my observation. On inquiring into the habits of the patients, I found that oil, fat, &c., entered largely into the diet of each. Speaking of the dog in which ophthalmia was induced by feeding him with fat, Magendie says, "I could not adduce a more striking example than this to demonstrate the immense importance of alimentation in respect to the nutrition and diseases of our organs. Observe the harmony that subsists between the blood and the vessels containing it. So long as that fluid retains its normal character, it traverses the capillaries of the liver freely. The moment it grows too viscid, it stagnates and allows some of its materials to pass, by infiltration, into the parenchyma of that organ. Suppose it is ascertained that the liver is thus affected, what mode of treatment should we advise? *Purgatives to stimulate the biliary secretions and disgorge the liver; leeches to the anus to unload the mesenteric veins; moxas and issues to the right side of the abdomen, to displace the irritation; venesection to lower the inflammatory state*, and many similar agents, would no doubt be employed by the regular, routine practitioner. For my part, if I had to combat an affection of this kind, I should commence by inquiring into the previous regimen of the patient, and ascertaining if he had not made excessive use of butter, fat and oil. If such were the case, beyond a doubt the first thing to be done would be to change the patient's regimen. The liver might then possibly recover its normal structure."

Every day's observation convinces me that truth is simple; that the causes of disease are not as remote and obscure as they are deemed by many. It is not enough that a physician is able to give beautiful descriptions of pathological phenomena—that he can talk learnedly of effects, if he knows nothing of causes. Such a physician may bleed for delirium induced by an over-loaded stomach, till he destroys his patient, when a knowledge of the cause of the affection would lead to a course essentially different, and would save the patient. Magendie says, "what we see occur in the conjunctiva permits us to judge what takes place in deep-seated organs. Far from inquiring into the causes of these disorders, people are generally contented with referring them to favorite theories, and with a word which is essentially meaningless, fancy that they express most important facts."

I have before quoted the language of Eberle with regard to the experiments of Seeds, of Kelly, viz., that these experiments show that in animals bled to death the meninges of the brain and other membranous tissues almost invariably exhibit a highly injected and congested state. Now let us put in juxtaposition with this statement the fact that deli-

rium frequently occurs as an immediate effect of the loss of blood, and still more frequently as a remote effect.

The following remarks of Brodie should be remembered by the physician who never forgets his lancet—"When bleeding has been carried to a great extent, symptoms frequently occur which in reality arise from the loss of blood, but which a superficial observer will be led to attribute to the injury itself, and concerning which, indeed, it is sometimes difficult even for the most experienced surgeon to pronounce in the first instance to which of these two causes they are to be referred. Repeated, copious bloodletting is of itself adequate to produce a hardness of the pulse, which we shall in vain endeavor to subdue by persevering in the same system of treatment. In many individuals it will produce headache and confusion of mind, not very different from what the injury itself had previously occasioned. These things may be observed especially in young females who are disposed to hysteria, and whom I have often known to suffer from a continued aggravation of such symptoms as I have described, while the system of depletion has been continued, recovering immediately on the use of the lancet being laid aside, and on their being allowed to take solid nourishment with occasional doses of carbonate of ammonia."

It is certain that bloodletting will often relieve, for a short time, distressing symptoms, and it is equally certain that the same symptoms often return much aggravated, as a consequence of the loss of blood. Dozing and drowsiness from inanition are often mistaken for inflammation or congestion, and treated by depletion. The consequence is, death is rendered certain.

Will not medical men avail themselves of the valuable information contained in Magendie, Marshall Hall, and other works which have such immense practical value? If these works must remain unread in our libraries, I, for one, shall have less confidence in a profession whose aim should be to bless humanity. These works do not decry bloodletting as a remedial agent. But they are eminently calculated to guard against its abuse. Physicians are a class of men upon whom rests a fearful responsibility. They should never feel that they are educated. That medical man who has "*finished his education*," is entitled to just as much respect as the boarding-school miss who has done the same thing. For the honor of the profession, for the good of humanity, I would say to all physicians, read Magendie, if you are obliged to burn the midnight oil to accomplish it.

A. B.

IDENTITY OF SMALLPOX AND KINEPOX.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As variola and vaccinia are at present attracting much notice, I send you a case, which interested me much a few years since, at a time when the identity of smallpox and kinepox was not so well proved as at present it is.

In the summer of 1835, I vaccinated a child three months old. On

the 8th day I called and found the operation genuine. The pustule was flat and circular, with the characteristic central depression. On the 11th day, the parents called me to look at another pustule, about two inches from the kinpox pustule, which had all the characteristics of smallpox. It was pea sized and shaped, and I thought, when looking at it, that matter taken from it would probably produce, in an unprotected patient, genuine smallpox.

The child had been exposed to no variolous contagion, and I could only account for the pustule by supposing the vaccine disease to have so thoroughly impregnated its tender system, or, if the expression be correct, to have given it so much smallpox, as to cause one smallpox pustule to be thrown out. If I was correct in supposing one a kine and the other a smallpox pustule, the case is another proof of the truth of the theory, which, however, needs no further proof, that kine is only smallpox, modified by having passed through the cow.

Amherst, Feb. 8, 1840.

GARDINER DORRANCE.

MORTALITY IN THE UNITED STATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the account, in a late number of your paper, of the mortality in Wilton, Maine, the writer takes occasion to observe that one of your correspondents represents the average mortality in the United States as about 1 in 40; and that of New England about 1 in 41. As I suppose he refers to a statement of my own, and as some of the newspapers have also questioned the correctness of the supposed estimate of 1 in 40, I take this opportunity of referring your readers to the original remark in my article. The language I used was as follows:

“The average annual mortality of the United States is usually placed at 1 in 40. New England may vary a little from this, though it is presumed not much. We will suppose it, however, to be 1 in 41.”

It will here be seen that I did not make the statement on my own authority. My author was Dr. Dunglison, in his *Elements of Hygiene*. He says this is the rate of mortality usually assigned to the United States; though he does not give—for he says he does not know—the authority on which his statement rests. The estimate respecting new England, of course, is based on that. If one is incorrect, the other is; and it is quite possible that New England is healthier, comparatively, than I suppose. Farther reflection induces a belief that 1 in 50 may be nearer the truth; but of course, as the census of the United States is deficient in facts which might serve as data in making estimates of this sort, it is impossible to say anything on the subject with certainty.

The disparity between the mortality of some of our cities—even Boston—and many of our country places, is certainly very great; but I do not think it quite so great as, at first view, one would suppose. For while the city mortality may be fairly set down, as I think, at about 1 in 40, some of your correspondents, in giving the mortality of very healthy country towns and villages, make it not more than 1 in 70 or 80. But it should be remem-

bered that a considerable class of deaths usually retained in city bills of mortality—viz., the *stillborn*—is often if not always omitted in other bills of mortality, unless kept by physicians. Admitting the deaths, of this class, to be fewer in the country than in the city, still the omission to which I refer would make quite a considerable difference in the whole average mortality of the United States.

One thing more. Country clergymen, who usually keep these bills of mortality, do not always make them complete in another respect. Suppose the clergyman is of the Episcopal denomination. He keeps a record of all the deaths in his own parish; but how is it with a small society of Methodists in a remote part of the town, and a handful of Baptists in another part? He does not always officiate at the funerals in these cases; may he not thus omit many deaths in his record? He certainly does in some cases.

WM. A. ALCOTT.

Dedham, Feb. 18, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, FEBRUARY 26, 1840.

TURNER'S CHEMISTRY.

A NEW edition of this excellent work has just appeared. We have long been looking for it with impatience, and anticipated a rich harvest of new facts and discoveries. We have, however, been miserably disappointed. The new edition (the 6th in this country) turns out to be, as we are informed on good authority, merely a *reprint of the old one of 1835*. This is most disgraceful, for so great and numerous have been the discoveries and improvements in this science, that Dr. Turner's Elements required to be entirely remodelled. The lamented author was, we have understood, engaged upon it at the time of his death, and since then it has been in the hands of his brother and the eminent Professor Liebig. They have published three *parts* in England, but the work is *not yet completed*. Fearing that it would be supplanted by some of the many works which have recently appeared, we suppose the Philadelphia publishers were led to issue this edition. But it contains few or none of the new discoveries and doctrines. Instead of carrying the student forward and bringing him up to the present advanced state of the science, it will leave him where it was five years ago. The whole subject of organic chemistry, so important to the medical man, is re-published just as it was in 1835, while Liebig has entirely remodelled the whole. It is an act of great injustice to the memory and fame of Dr. Turner, and an imposition upon the student, to issue this as the sixth edition of Turner's Elements, with the recent discoveries and doctrines of the science. Where the Elements have been used as a text-book, it must now be laid aside, unless we are disposed to remain behind the advanced state of chemistry.

Maryland Medical and Surgical Journal.—By the merest chance, a copy of this new periodical was obtained last week, from an old friend

who has just returned from Baltimore. It must be that the copy intended for our Journal was lost on the way, as it seems impossible that we should have been forgotten in the way of exchange, after all the services that were proffered when the intention of the Maryland faculty was first announced. With respect to its external appearance, since people are very much influenced by the outside of things, it is very creditable to the typographical taste of the publisher, Mr. Murphy, 146 Market street, Baltimore, to whom subscriptions may be directed. The title is, "*The Maryland Medical and Surgical Journal, and official organ of the Medical Department of the Army and Navy of the United States.*" Published under the auspices of the *Medical and Chirurgical Faculty of Maryland*. Editorial Committee—G. C. M. Roberts, M.D.; Nathaniel Potter, M.D.; James H. Miller, M.D.; Robert A. Durkee, M.D.; J. R. W. Dunbar, M.D.; and Samuel G. Baker, M.D. It is to appear quarterly, viz., in January, April, July and October, and the price is \$2.50 in advance, or \$1 per No. of 136 closely and well-printed pages.

As all our editorial friends in other cities have anticipated us in presenting a notice of the contents of the Maryland Journal, it is hardly necessary to make extracts at this late hour—almost two months after the appearance of the first No. In future we shall endeavor to keep pace with it, and transcribe such papers as will give the best idea of the value of the enterprise.

Charter of the Massachusetts Medical Society.—Those who read the proceedings of the Legislature now in session in Boston, have noticed, without doubt, that Dr. Bartlett's case has again been brought before that body; but what course will be given to the matter, we have no means of knowing. A joint committee of both branches has been appointed. The report of the evidence in the case, "John Stephen Bartlett, M.D., *versus* the Massachusetts Medical Society," at the last session of the General Court, fills a pamphlet of fifty-five pages. Whether the profession at large take much interest in it or not, we have never taken the pains to inquire. It is astonishing that men of intelligence can for a moment entertain an opinion unfavorable to the general character and quiet pursuits of a venerable institution, whose declared object is to provide the people with physicians and surgeons of unquestionable qualifications to discharge the responsible duties of their profession.

County of Berkshire Physicians.—The following resolution is extracted from an advertisement in the Pittsfield Sun, calling upon the profession of Berkshire County to assemble at Lenox, February 26th.

"*Resolved*, That, whereas the Medical Society of Massachusetts has heretofore failed to fulfil the great objects of medical association—we hereby associate ourselves together under the name of the Berkshire 'Medical Association.'"

We hope there is no growing disaffection towards the parent Society in that quarter, where so many friends once lived.

American Medical Library.—Owing, it is presumed, to the closing of the Sound by ice, not a single No. of this publication has reached Boston for many weeks, till Tuesday last, when four Nos., viz., 18, 19, 20 and

21, of Vol. 3d, were received. As usual, the contents are of an acceptable kind. Scoutetten on Club-feet, accompanied by several finely-drawn lithographs, strikes us as being an article of great value at this particular period, when so much attention is given to that department of surgery. An article on the same subject, with plates, is also contained in the last No. of the New York Medical Journal.

Plague at Jerusalem.—Mr. Hebard, a missionary, under date of Sept. 5th, 1839, writes that the plague still continues its fearful and destructive ravages in the ancient city of the Jews, and many of the inhabitants have fallen victims to it, since its first appearance. When Mr. Hebard wrote, it was hoped that the scourge was a little less violent than it had been. In the midst of the desolation and excitement caused by such a terrible malady, the people of Hebron rose in rebellion, and the condition, therefore, of European and American strangers, surrounded by pestilence and war, was exceedingly embarrassing, as the whole region of country about Jerusalem was in such a disturbed state as to render travelling wholly unsafe.

Milk Sickness, alias Sick Stomach.—This endemic of the West, to which science has not yet given a name, and even sometimes professes to doubt the existence, continues to attract the attention of the people and country practitioners, in various parts of Ohio, Indiana, Illinois, Kentucky and Tennessee. Some time since, we received two communications concerning it. One from Miami county, the other, accompanied with specimens of a plant supposed to be the remote cause, from Fayette county, in the State of Ohio. The former by an intelligent, but non-professional gentleman, presents as the poisonous plant, supposed to produce the disease, the *Rhus radicans*; but as this vine grows universally in the West, while the malady in question is limited to particular spots, we cannot concur in the hypothesis. The plant transmitted to us by the latter, is the *Eupatorium ageratoides*, found *everywhere* in our fertile woods; and, therefore, not likely to be the cause of a disease perseveringly limited to certain localities. Moreover, judging it by the taste, it is quite inert; and, indeed, the whole genus to which it belongs, except the *perfoliatum*, appear to be destitute of active qualities, and that species is by no means of a noxious character.

In connection with this subject we record the following fact. In the month of July last, about twenty of the boarders, in the hotel of Mr. Madeira, Chillicothe, Ohio, were attacked in one, two or three hours after breakfast, with nausea and vomiting. In some, the latter was violent, and accompanied with spasms of the stomach, and a degree of prostration, from which they did not entirely recover for three or four days. Of course, this affection was ascribed to something eaten at the table, but the only article taken by the whole was *butter*; and that butter, it was ascertained, had been brought from an adjoining county in which the milk sickness prevails. Many facts of this kind have been reported by the people in different parts of the West, but generally discredited by the profession. We beg leave to commend the whole subject to our country friends, and shall be happy to give publicity to their observations and experiments.—*Western Journal of Medicine and Surgery.*

Scarlatina Simplex.—For several years past, different varieties of Scarlatina have prevailed, somewhere in the West. In one year, one town has been affected, in another, a different place. In degree, it has varied from high and fatal malignancy, to extreme mildness. During the present winter in Louisville, it has assumed the latter character, presenting itself as a slight febrile affection, with moderate tumefaction of the glands and ganglia of the throat and neck, followed in several cases by œdema of the lower extremities. In some families most of the children have been either simultaneously or successively affected.—*Ibid.*

Scald of the Glottis.—Bronchotomy.—On Friday evening, October 18, about five o'clock, a child, three years old, named Whitehead, was brought to St. Bartholomew's Hospital, after having swallowed boiling water, or inhaled its steam. The mother had been in the habit of giving it tea from the spout of a teapot, which had led the child to apply to the spout of a teakettle. There was difficult deglutition, pain in the throat, and all the symptoms of croup. The mother would not allow the child to remain in the hospital; but finding it was getting worse she brought it again about eleven at night, with all the symptoms alarmingly aggravated. One of the surgeons was sent for, but before he arrived the danger of asphyxia was so imminent, that Mr. Travers, the house-surgeon, performed the operation of bronchotomy. Immediate relief was afforded; but the child died about ten on Saturday night.

This is one of a class of cases where the *early* performance of bronchotomy is imperatively called for, the fatal symptoms being produced, in the great majority of cases, not by the local injury which such accidents must produce, but by the effects on the glottis impeding the transit of air, thus producing an impediment to respiration. The pathological changes are excoriation of the mouth and fauces; effusion of serum into the sub-mucous tissue around the glottis; many small vesicles on the surface of the mucous membrane; with vascularity, and a coating of lymph, or viscid mucus, on it.

Many cases are recorded of success under these circumstances, even when death was at hand; but if success is to be expected with confidence, the trachea must be opened before cerebral congestion, or effusion into the pulmonary tissue, has occurred. In the case before us there is little doubt, that had the woman submitted her child, at first, to its performance, a different result would have ensued.—*London Lancet.*

Hydrocele. Injection of pure Port Wine.—A man named Mackenzie, aged 50, admitted to St. Bartholomew's Hospital Oct. 11, was operated on for hydrocele on the following day. The disease came on six years ago, without assignable cause. He was tapped two years ago, but the sac was not injected. On admission he was suffering no pain, but merely came in to be relieved from the inconvenience produced by the size of the tumor, which was nearly as large as the head of a small infant. The surgeon introduced the trocar without previously dividing the skin. This is generally omitted, but it prevents the trocar entering with a jerk, and thereby removes all danger to the testicle. About half a pint of fluid was evacuated, and then port wine, undiluted, was injected. It was removed as soon as pain came on. He has had no more local inflammation or constitutional disturbance than was to be looked for, and went out,

probably, with a radical cure. On the same day Mr. Stanley, also, injected pure port wine, and with similar favorable results, his patient having been discharged on Saturday the 19th.—*Ibid.*

Necrosis.—On Thursday, at St. Thomas's Hospital, Mr. South trephined the tibia, with the view of letting out matter which was supposed to have formed in the bone. The man had suffered from necrosis sixteen years ago, and exfoliations continued to trouble him for three years. Since that time he has only had what appeared like a large node on the tibia, which gave him no great inconvenience, except from the deformity it occasioned, till about six weeks ago, after exposure to cold, sudden excruciating pain came on, without shivering or nocturnal exacerbations, and with very slight remissions. Little was done for him, with the exception of poulticing, till Thursday, when the bone was trephined, after making a crucial incision through the integuments, and dissecting them back a little. This operation gave the poor fellow great pain, but nearly an ounce of thick pus escaped, and he has since been quite relieved from his suffering, and is going on very well.—*Ibid.*

State of the Kidney in Dropsy following Scarlatina.—At a meeting of the Westminster Medical Society in November, Mr. Streeter placed on the table the kidney of a child aged five years, who had died from anasarca succeeding to scarlet fever, with serous effusion in the cavities of the chest and abdomen, and in the substance of the lungs. The kidney was highly congested in its tubular portion. Dr. Bright had informed him that he had just had an opportunity of examining the kidney of a patient who had died under similar circumstances; the kidney was mottled from irregular distribution of blood through its structure, with probable deposit. The first-mentioned case exhibited nothing worthy of remark, except that no medical treatment had been employed until near its termination; the parents of the child being scarcely aware that it had scarlatina. No urine could be obtained for the purpose of being tested.—*Ibid.*

Medical Miscellany.—Smallpox has appeared at Frankport, Me., and excited considerable alarm in all the region about.—Dr. Flint, of Louisville, Ky., performed the operation of lithotomy on a boy only seven years of age, January 15th, with complete success. The stone was one and a half inch long, an inch and one eighth broad, half an inch thick, and of an oval shape.—Dr. John Watson has been elected one of the surgeons of the New York Hospital.—Two individuals have lost their lives in this city within a few months, from applying creosote, to excess, to a decayed tooth.—The unfavorable rate of mortality assigned to New England by Dr. Alcott, in a late No. of the Journal, which does not seem to have been so well founded on "facts," as the reader was led to infer, appears likely to be the means of calling forth data, from which a near approximation to the truth may be obtained. Dr. Bell, in his essay, published in the thirteenth volume of this Journal, from the returns of a large number of towns, some of them for many years in succession, estimates the average annual mortality as 1 in 70 or 80.

Number of deaths in Boston for the week ending February 22, 27. Males, 12—females, 9—stillborn, 2. Of consumption, 5—smallpox, 3—dropsy on the brain, 2—lung fever, 4—infantile, 2—inflammation in the head, 1—nervous fever, 1—dropsy, 1—old age, 1—cancer in the bowels, 1—scarlet fever, 1—cerebri, 1—inflammation of the lungs, 2.

VERMONT ACADEMY OF MEDICINE.

Lectures will commence in this institution on the second Tuesday of March, 1890, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.
 General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.
 Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.
 Principles and Practice of Surgery, by JAMES RYAN, M.D., Philadelphia.
 Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.
 Medical Jurisprudence, by RALPH GOWDEY, M.D., Middlebury, Vt.

The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.

Castleton, Vt., Jan. 1890.

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JOSEPH PERKINS, Registrar.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
 WALTER CHANNING,
 JOHN WARE,
 GEORGE W. OTTIS, Jr.,
 WINSLOW LEWIS, Jr.

Oct. 31—eptf

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Ferry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. FERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers.

Jan. 29—eptmepf

M. S. PERRY, C. H. STEDMAN, H. G. WILEY,
 H. I. BOWDITCH, J. V. C. SMITH.

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THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

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MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov. 26, 1889.

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JACOB BIGELOW,
 EDWARD REYNOLDS,
 D. HUMPHREYS STORER,
 OLIVER W. HOLMES.

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